

10  
2  
28  
1-17-01

1-17-01

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	JU		12/30
<b>FORMALITY REVIEW</b>	WT	571	01/11/10
<b>RESPONSE FORMALITY REVIEW</b>	JK	835	05/07/10

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date
Final	
Original	6/10/03
1	6/12/03
2	✓ ✓ ✓
3	✓ ✓ ✓
4	✓ ✓ ✓
5	✓ ✓ ✓
6	✓ ✓ ✓
7	✓ ✓ ✓
8	✓ ✓ ✓
9	✓ ✓ ✓
10	✓ ✓ ✓
11	✓ ✓ ✓
12	✓ ✓ ✓
13	✓ ✓ ✓
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Claim	Date	
Final	Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here